



PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

57

|                        |                       |
|------------------------|-----------------------|
| Application Number     | 10/766298-Conf. #9344 |
| Filing Date            | January 27, 2004      |
| First Named Inventor   | Edward J. Sommer, Jr. |
| Art Unit               | 3654                  |
| Examiner Name          | T. H. Matthews        |
| Attorney Docket Number | S1404.70004US01       |

**ENCLOSURES (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br>to TC<br><input type="checkbox"/> Appeal Communication to Board of<br>Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>Identify below):<br>- Amendment Transmittal<br>- Copy of Cited Reference<br>- Copy of Preliminary Amendment<br>submitted 9/3/2004 with Stamped<br>Return Receipt Postcard<br>- Return Receipt Postcard |
|--|--|---|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

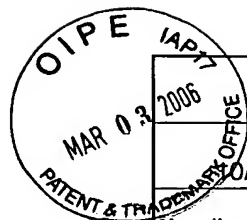
|              |                                |          |        |
|--------------|--------------------------------|----------|--------|
| Firm Name    | WOLF, GREENFIELD & SACKS, P.C. |          |        |
| Signature    |                                |          |        |
| Printed name | Daniel P. McLoughlin           |          |        |
| Date         | February 27, 2006              | Reg. No. | 46,066 |

**Certificate of Mailing Under 37 CFR 1.8(a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 2/27/2006

Signature:   
TRISH McDONALD

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
S1404.70004US01Application No.  
10/766298-Conf. #9344Filing Date  
January 27, 2004Examiner  
T. H. MatthewsArt Unit  
3654

Applicant(s): Edward J. Sommer, Jr. et al.

Invention: SORTING PIECES OF MATERIAL BASED ON THE PHOTONIC EMISSIONS RESULTING FROM MULTIPLE SOURCES OF STIMULI

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED   |                                  |                                |                             |      |          |          |
|---|----------------------------------|--------------------------------|-----------------------------|------|----------|----------|
|   | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |          |          |
| Total Claims  | 58                               | - 30 =                         | 28                          | x    | \$25.00  | 700.00   |
| Independent Claims  | 7                                | - 4 =                          | 3                           | x    | \$100.00 | 300.00   |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                      |                                  |                                |                             |      |          |          |
| Other fee (please specify): Extension for response within third month<br>Information Disclosure Statement Fee |                                  |                                |                             |      |          | 510.00   |
|   |                                  |                                |                             |      |          | 180.00   |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:  |                                  |                                |                             |      |          | 1,690.00 |

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 23/2825 in the amount of \$ 1,690.00.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 23/2825 as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Daniel P. McLoughlin  
Attorney/Agent Reg. No.: 46,066Dated: February 27, 2006WOLF, GREENFIELD & SACKS, P.C.  
Federal Reserve Plaza  
600 Atlantic Avenue  
Boston, Massachusetts 02210-2206  
(617) 646-8238**Certificate of Mailing Under 37 CFR 1.8(a)**

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Dated: 2/27/2006Signature:   
TISH McDONALD



|   |                     |                          |                       |
|---|---------------------|--------------------------|-----------------------|
| <b>Effective on 12/08/2004.</b><br>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                     | <b>Complete if Known</b> |                       |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |                     | Application Number       | 10/766298-Conf. #9344 |
|   |                     | Filing Date              | January 27, 2004      |
|   |                     | First Named Inventor     | Edward J. Sommer, Jr. |
|   |                     | Examiner Name            | T. H. Matthews        |
|   |                     | Art Unit                 | 3654                  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                 | Attorney Docket No. | S1404.70004US01          |                       |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b>   |                     | <b>1,690.00</b>          |                       |

|   |  |
|---|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |  |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card   |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None  |
| <input type="checkbox"/> Other (please identify): _____   |  |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |  |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                      |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments  |

|   |                       |   |                     |                      |                                  |                     |                       |
|---|-----------------------|---|---------------------|----------------------|----------------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                       |   |                     |                      |                                  |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                       |   |                     |                      |                                  |                     |                       |
|   | <b>FILING FEES</b>    |   | <b>SEARCH FEES</b>  |                      | <b>EXAMINATION FEES</b>          |                     |                       |
|   |                       | <b>Small Entity</b>                                     |                     | <b>Small Entity</b>  |                                  | <b>Small Entity</b> |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>       | <b>Fee (\$)</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>     | <b>Fees Paid (\$)</b> |
| Utility   | 300                   | 150   | 500                 | 250                  | 200                              | 100                 |                       |
| Design  | 200                   | 100   | 100                 | 50                   | 130                              | 65                  |                       |
| Plant   | 200                   | 100   | 300                 | 150                  | 160                              | 80                  |                       |
| Reissue   | 300                   | 150   | 500                 | 250                  | 600                              | 300                 |                       |
| Provisional   | 200                   | 100   | 0                   | 0                    | 0                                | 0                   |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                       |   |                     |                      |                                  |                     |                       |
| <b>Fee Description</b>  |                       |   |                     |                      |                                  | <b>Small Entity</b> |                       |
|   |                       |   |                     |                      |                                  | <b>Fee (\$)</b>     | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                       |   |                     |                      |                                  | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)  |                       |   |                     |                      |                                  | 200                 | 100                   |
| Multiple dependent claims   |                       |   |                     |                      |                                  | 360                 | 180                   |
| <b>Total Claims</b>   |                       | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>     | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                     |                       |
| <u>58</u> - 30 =  |                       | <u>28</u> x   | <u>25.00</u> =      | <u>700.00</u>        |                                  |                     |                       |
| <b>Indep. Claims</b>  |                       | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>     | <b>Fee Paid (\$)</b> |                                  |                     |                       |
| <u>7</u> - 4 =  |                       | <u>3</u> x  | <u>100.00</u> =     | <u>300.00</u>        |                                  |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                       |   |                     |                      |                                  |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                       |   |                     |                      |                                  |                     |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b>   | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>     | <b>Fee Paid (\$)</b> |                                  |                     |                       |
| <u>          </u> - 100 =   | <u>          </u> /50 | <u>          </u> (round up to a whole number) x        | <u>          </u> = | <u>          </u>    |                                  |                     |                       |
| <b>4. OTHER FEE(S)</b>  |                       |   |                     |                      |                                  |                     |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                       |   |                     |                      |                                  |                     |                       |
| Other (e.g., late filing surcharge):  |                       |   |                     |                      |                                  |                     |                       |
| Extension for response within third month   |                       |   |                     |                      |                                  | <b>510.00</b>       |                       |
| Information Disclosure Statement Fee  |                       |   |                     |                      |                                  | <b>180.00</b>       |                       |

|                     |                      |                                   |                   |
|---------------------|----------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                      |                                   |                   |
| Signature           |                      | Registration No. (Attorney/Agent) | 46,066            |
| Name (Print/Type)   | Daniel P. McLoughlin | Telephone                         | (617) 646-8330    |
|                     |                      | Date                              | February 27, 2006 |

|   |            |
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| Dated: <u>2/27/2006</u>   | Signature: |
| TRISH McDONALD  |            |